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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing Richard Gierut	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: . P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">11.b. Approximate dollar value of such dealing.</td> <td style="text-align: right; padding: 2px;">\$0</td> </tr> <tr> <td colspan="2" style="padding: 5px;">12.a. Nature of interest held or income received. </td> </tr> <tr> <td style="padding: 2px;">12.b. Amount.</td> <td style="text-align: right; padding: 2px;">\$0</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$0	12.a. Nature of interest held or income received. 		12.b. Amount.	\$0
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12.b. Amount.	\$0						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$0